

09-15-04  
PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail**  
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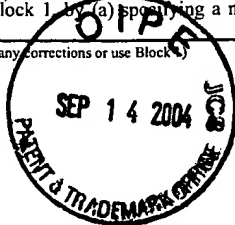
**Mail Stop ISSUE FEE**  
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INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1 by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

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7590 06/25/2004

Senniger, Powers, Leavitt & Roedel  
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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for ~~registered~~ mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

|                       |                    |
|-----------------------|--------------------|
| Gina G. Barron        | (Depositor's name) |
| <i>Gina G. Barron</i> | (Signature)        |
| September 14, 2004    | (Date)             |

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 09/574,740      | 05/18/2000  | Michael S. South     |                     | 9926             |

TITLE OF INVENTION: SUBSTITUTED POLYCYCLIC ARYL AND HETEROARYL PYRIDONES USEFUL FOR SELECTIVE INHIBITION OF THE COAGULATION CASCADE

| APPLN. TYPE    | SMALL ENTITY | ISSUE FEE | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE   |
|----------------|--------------|-----------|-----------------|------------------|------------|
| nonprovisional | NO           | \$1330    | \$0             | \$1330           | 09/27/2004 |

| EXAMINER            | ART UNIT | CLASS-SUBCLASS |
|---------------------|----------|----------------|
| TRUONG, TAMTHOM NGO | 1624     | 514-183000     |

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 \_\_\_\_\_  
2 \_\_\_\_\_  
3 \_\_\_\_\_

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Pharmacia Corporation

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Skokie, Illinois

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
- ☐ Publication Fee
- ☒ Advance Order - # of Copies 10

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(Authorized Signature)

(Date)

*Bradley S. Schmitt*

9/14/04

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09/16/2004 WASFAW2 00000070 09574740

01 FC:1501  
02 FC:8001

1330.00 OP  
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